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| <b>TRANSMITTAL<br/>FORM</b><br><br><i>(to be used for all correspondence after initial filing)</i> | Application Number   | 10/584,382             |             |
|  | Filing Date          | 06/21/2006             |             |
|  | First Named Inventor | Michel Schneider       |             |
|  | Art Unit             | 1618                   |             |
|  | Examiner Name        | Leah H. SCHLIENTZ      |             |
| Total Number of Pages in This Submission   | 4                    | Attorney Docket Number | BR036 PUS01 |

| ENCLOSURES (Check all that apply)   |  |   |
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| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input checked="" type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/<br>Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts<br>under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a<br>Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board<br>of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC<br>(Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input type="checkbox"/> Other Enclosure(s) (please identify<br>below): |
| Remarks<br>No fee is believed to be due with the filing of this Response other than the extension fee.<br>However, if any fees are deemed necessary, the Director is hereby authorized to charge any<br>required fees and credit any overpayments to Deposit Account No. 50-2168.   |  |   |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |                                    |          |        |
|--|------------------------------------|----------|--------|
| Firm Name                                  |                                    |          |        |
| Signature                                  | /M. Caragh Noone, Reg. No. 37,197/ |          |        |
| Printed name                               | M. Caragh Noone                    |          |        |
| Date                                       | January 31, 2011                   | Reg. No. | 37,197 |

| CERTIFICATE OF TRANSMISSION/MAILING   |  |      |                  |
|---|--|------|------------------|
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: |  |      |                  |
| Signature   | Electronically Filed Using the EFS-WEB Electronic Filing System of the United States |      |                  |
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